Disclosure Re	_				Yes No
	neral report and committee to update information	nformation, mus	t be signed and su	abmitted along with o	ther detailed forms.
1. Committee Info		Bearing Street			THE PERSON NAMED IN THE
a. Full Name	mation		A STATE OF THE PARTY OF THE PAR		c. ID Number
COMMITTEE TO	ELECT ERIKA BURNS				
					1.5.5.1
b. Mailing Address (inc P.O. BOX 3165	lude City, State and Zip Code)				d. Date Filed
FAYETTEVILLE,	NC 28302				
					e. Phone Number
					910-670-6739
2. Report Year	3. Period Start Date (mm/s	Id/vv)	od End Date	5. Treasurer Ful	l Name
		(mm/dd	32 99	MARGARET L.	
2020	02/16/2020	,	06/30/2020	WINTER E.	GHINDIK
6. Type of Commit		9. Type of Rep		only one type of repor	
Candidate Camp		Municipal		/County	Referendum
PAC Independent	Referendum	Organizat		Organizational	Organizational Pre-referendum
Expenditure Legal Expense F	Joint Fundraiser	Thirty-fiv	e day	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-prima	ry 🗍	First	Final
Booster Fund"		Pre-election	on 🔲	Second	Supplemental Final
Building Fund		Pre-runof	 	Third	Annual
		Semi-ann	Year L	Fourth Semi-annual	Special
Other:		Year	End	Mid Year	10. Special Report Name
1	- 1 × 1 = 1 = 1	Final		Year End	
8. Number of Fund	Iraisers this Report	Special Special	ᅵ片	Final	
11. Account Inform	40.		11 Assour	Special t Information	
a. Financial Institution				stitution Full Name	
BRANCH BANKII	Control of the Contro				
b. Purpose	c. Account Code		b. Purpose		c. Account Code
	0	Í			
	d. Period Begin Balanc	e			d. Period Begin Balance
	\$ 25.00				s
	50 MO MO GOOD STOY				Ψ
CERTIFICATION		20 11		C 4 1 1 22 4 22 B	0 00D 00M CCl 1/2 C
					s, & 22D-22M of Chapter 163 of s. I further certify that this report
	d correct and that I have bee		C State Board of	f Elections	
_/NG	ryaret L.Ga	ner C	margo		1-28-21
FOR OFFICE USE (Printed Name of Signer	in .	Signature of Appo	ointed Treasurer	Date
Date Received:		Employ	Of		Delivery Method
Date Received:	JAN 2 9 2021	Employ	cc. •	en en en	Normal Mail
Date Postmarke	ed:	Employ	ee:		Registered Mail Hand Delivered
Date Scanned:	BY:	Employ	ee'		Electronically Filed
Date Scanned:		Employ			Signer has not received
Date Data Ente	red:	Employ	ee:		mandatory training
Dlagge Matar 27	!- f 1.		- C1	as the account 24 11	ung tungguyan amintar Theorem
riease Note: Th			nformation such a		ress, treasurer, assistant treasurer,

Amendment

CRO-1000

NC State Board of Elections

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information.

	Type of Report		. ID Number
COMMITTEE TO ELECT ERIKA BURNS			
Start of Election Cycle: January 1,	2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 25.00	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 800.00	\$ 1073.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	ld and 11e)	\$ 800.00	\$ 1073.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 500.00	\$ 500.00
13b) Contributions to Candidates/Political Committee	s (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 248.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	6 and 17)	\$ 500.00	\$ 748.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtrac	t line 18)	\$ 325.00	\$ 325.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 25.00	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
•			\$
28) Contributions to be Refunded	(CRO-1215)	\$	Φ

		n Individuals		Pg		2	∑ Yes	i 📙 No
		vidual contributions of		or contributions und	ler \$50 if form CR		and the first of the control of the	
1, Comm	ittee Full Name (and Fund if applica	ble)			2. ID Num	ber	
COMMI	TTEE TO ELECT	ERIKA BURNS						
NAMES AND DESCRIPTIONS OF THE PROPERTY OF THE	ibutor Informatio				move			
	ne, Mailing Address (city, state, & zip)	& Phone		b. Job Title/Profession MAIL CARRIER		d. Comment	8 1000 (0.00)	
	L SCOTT			WAIL CARRIER				
10855 BRESTWOOD DRIVE S SEATTLE,WA 98178			c. Employer's Name/S	pecific Field	•			
	25, 1111 70170			USPS		1		
<u> </u>						e. Election S	um to Date	ez a sala e e e e e e e e e e e e e e e e e e
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	i Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	. BANANATY
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							\$	
							\$	
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-	city, state, & zip)			OFFICE MANAG	ER			
	RET L. GAINER AY DRIVE							
	EVILLE, NC 283	01		c. Employer's Name/S	pecific Field			
				LILA E. WASHIN	IGTON, PLLC			en fertina neterio
						e. Election St	um to Date 📑	
							um to Ditte	
						\$	500.00	
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f. Prior	g. Account Code	h. Form of Payment CHECK	i. In-F	Kind Description	j. Date (mm/dd/yy	\$ yy) ********	500.00	500.00
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Contributions from Individuals

Amendment

		m Individuals	over \$50	Pg) or contributions unde	_2 of r \$50 if form CR	<u>2_</u> () 1205 is no	Amendment Yes	t No
5-22-22-20-00-00-00-00-00-00-00-00-00-00-		(and Fund if applica		, or contributions unde	ι ψου πτοπιι εκ	2. ID Num		
COMMI	TTEE TO ELECT	ERIKA BURNS						
3. Contri	ibutor Informatic	on		Add 🔲 Ren	iove			
	ne, Mailing Address d	& Phone		b. Job Title/Profession		d. Comment	8	
· · · · · · · · · · · · · · · · · · ·	city, state, & zip) ALL PITTS		113333	ATTORNEY				
	SDALE AVE			c. Employer's Name/Spe	cific Field			
FAYETT	EVILLE, NC 283	305		SELF-EMPLOYED	1		 	
						e. Election S	um to Date	Desire residente
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. ln-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	01	CHECK			6/26/20	20	\$	100.00
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3. Contri	butor Informatio)n		Add 🔲 Rem	ove			
	ıc, Mailing Address é	& Phone		b. Job Title/Profession		d. Comments		
(include	city, state, & zip)							
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the street of the street of the street	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	Telegraph.	
(include	city, state, & zip)		THE SECTION					
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							\$	
							\$	
							\$	

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

100.00

800.00

\$

\$

Disbursem Use this form to	ents report expenditures	from the committee	e for; operating ext	Pg censes,	1 of contributions to	1 Yes No No Candidate/polítical
committees and	coordinated party ex	ependitures.				-
	all Name (and tun TO ELECT ERIKA					2, ID/Number
	ursement <i>(Plea</i>					
Operating E	AND THE PROPERTY OF THE PROPER	Contributions to Can	didates/Political Commi Add	t with the second and of	Remove Co	ordinated Party Expenditures
The second secon	ing Address & Phone		b. Coordinated Comm		Control of the Contro	d. Comments
(include city, state,					···	
MICROBIZ MAIN S		ŀ	c. Level Registered (S	maniful		
SPRING LAKE			Federal Federal		County:	
(910)221-7979			State		Municipality:	e. Election Sum to Date
						\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy)	(y)	j. Amount	k. Required Remarks
1	СНЕСК	A	06/17/2020		\$500.00	WEBSITE DESIGN
					\$	
A Payee Inform			Add		Remove	
a, Full Name, Maili (include city, state,	ng Address & Phone		b. Coordinated Comm	ittee Na	me	d. Comments
timenac city, state, i	x 2(p)					
			c. Level Registered (S	pecify)		
		ļ	Federal State		County: Municipality:	e. Election Sum to Date
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, Account Coue ///	g. rorm of rayment >	ii, i iii puse Code	i. Date (mm/dd/yyy	y) :::::::	j. Amount	k. Required Remarks
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	ig Address & Phone	_	b. Coordinated Comm	ittee Na	me	d. Comments
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A STOLEN ALVER		ih Busana Cada		11 0 200 I		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y) 3335	j. Amount	k, Required Remarks
·					\$	
					\$	
5. Total only thi				16.06		\$ 500.00
The state of the s	CRO-1310 Påges ine 13a of Detailed Sum	nary Page CRO-1100 i	(Onerating Expenses)			
(This line goes in l	ine 13b of Detailed Sum	mary Page CRO-1100 (f Contrib to Candidates			\$ 500.00
222 Friend Transport on Contract Contra	ine 13c of Detailed Sum			penditur	es)	
// Purpose Code A* - Media	s (Ulst detailed exp B* - Printing	end ture code in (1 C* - Fundr			D - To Anothe	er Candidate
E - Salaries I - Postage	F* - Equipment	G - Politica	Party	AA wate	H* - Holding	Public Office Expenses
O* - Other	J - Penalties	K* - Office			V* - Donation	n to Legal Expense Fund
Codes require	detailed/explanation	on in required ren	iarks field (k)			

Disbursements

Amendment

				Amendmen	ıt
Outstanding Loans	Pg	 o£	1	☐ Yes	☐ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Commit	tee Full Name (and Fund if applicable)	<i>\$</i>		2 ID Number
Comn	INTEE TO ELECT EXIKA BUI	RIV	S	
3. Lender	Information .	A	ld Remove	
	Mailing Address & Phone	b	lob Title/Profession	d, Comments
(include cit	y, state, & zip)	16	HEACEG AL	
Eerk	A L. BURNS	ļ		e, Start Date (mm/dd/yyyy)
358	19 HASTINGS DR	c. I	imployer's Name/Specific Field	c, Diare Date (inhidus 3333)
_	1., #C 28311		ILA-E-WASHINGTON,	-
	71)400011	1	Pililici	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged		i. Original Loan Amount	j. Remaiolog Loan Balance
%			\$25,00	\$ 96.09
k. Full Name	of Leuding Institution		<u></u>	I. Loan Number
324 6577 658	nformation	:Aa	d Remove	
	Mailing Address & Phone		ob Title/Profession	d. Comments
(include cit	y, state, & zip)			
]		e. Start Date (mm/dd/yyyy)
		c. Ř	mployer's Name/Specific Field	e. Start Date (umpumyyyy)
	•	1		f. End Date (mm/dd/yyyy)
		l		
gRate	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance
%			\$	\$
k. Full Name (of Lending Institution			l. Loan Number
3. Lender I	nformation	Add	I Remove	
				d. Comments
(include city	, state, & zip)			•
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		c. E	nployer's Name/Specific Field	er grant Date (mimom \$333)
	:			
				f, End Date (min/dd/yyyy)
g. Rate	h. Security Pledged	•	i. Original Loan Amount	j. Remaining Loan Balance
%	:		\$	\$
t. Full Name o	f Lending Institution			L Loan Number
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	aly this Page			* 92'00
and a second fire section days.	FALL CRO-1430 Pages			\$ 25,W
.(This line mi	ist be on line 21 of Detailed Summary Page CRO-1100)	S. 60	2000年10月1日 日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日	~ · · ·